



**MEDICAL CONSULTANT I (PSYCHIATRIST)
OPEN EXAMINATION
EXAM CODE: 9BP17
CLASS CODE: 7785**

Department: DEPARTMENT OF SOCIAL SERVICES
Final Filing Date: CONTINUOUS FILING
Exam Type: OPEN
Salary: MONTHLY SALARY RANGE - \$10,204.00 - \$15,103.00
Location: Alameda County
Fresno County
Los Angeles County
Placer County
Sacramento County
San Diego County
San Joaquin County

EQUAL EMPLOYMENT OPPORTUNITY

The State of California is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions(s), and sexual orientation.

DRUG FREE STATEMENT

It is an objective of the State of California to achieve a drug free state work place. Any applicant for state employment will be expected to behave in accordance with this objective because the use of illegal drugs is inconsistent with the law of the state, the rules governing civil service and the special trust place in public servants.

WHO SHOULD APPLY:

This is an OPEN examination for the California Department of Social Services. Anyone who meets the minimum qualifications as stated on this examination bulletin may apply. Applications will not be accepted on a promotional basis. Career Credits do not apply. Once you have taken the examination, you may not reapply for twelve (12) months.

FILING INSTRUCTIONS

Applicants must submit both the [State Examination/Employment Application \(Std. 678\)](#) **and** the Qualifications Assessment, found at the end of this examination bulletin, by mail or in person to:

FILE BY MAIL:

California Department of Social Services
Personnel Bureau, Examination Unit
P.O. Box 944243, MS 8-15-58
Sacramento, CA 94244-2430
Attention: Jolene Casillas

FILE IN PERSON:

California Department of Social Services
Personnel Bureau, Examination Unit
744 P Street, OB 8, 15th Floor
Sacramento, CA 95814
Attention: Jolene Casillas

NOTE: Only applications with the original signature will be accepted. Facsimile (FAX) or e-mailed applications will not be accepted under any circumstances.

SPECIAL TESTING ARRANGEMENTS

If you require special testing arrangements due to a verified disability, medical condition or religious accommodation, you will be able to request a reasonable accommodation during the exam filing process. Please mark the appropriate box for Question 2 on the State Examination/Employment Application (Std. 678). You will be contacted to make specific arrangements.

ELIGIBLE LIST INFORMATION

An eligible list will be established for use by the California Department of Social Services. The names of successful competitors will be merged onto the eligible list in order of final scores regardless of test date. Eligibility expires twelve (12) months after it is established, unless the needs of the service and conditions of the list(s) warrant a change in this period. Competitors must then retake the examination to re-establish eligibility.

REQUIREMENTS FOR ADMITTANCE TO THE EXAMINATION

All applicants must meet the experience and/or education requirements for this examination at the time the application is submitted. Your signature on the application indicates that you read, understood, and possess the minimum qualifications required.

Applications must include: “to” and “from” dates (month/day/year), time base, hours per week, civil service or private sector titles, and the duties performed. Applications without this information may be rejected from this examination. If using education to qualify, applicant must include copies of transcripts and/or copy of required degree. College course information must include title, number of semester or quarter units, name of institution, completion dates, and degree (if applicable).

MINIMUM QUALIFICATIONS

License: Possession of the legal requirements for the practice of medicine in California as determined by the California Board of Medical Quality Assurance or the California Board of Osteopathic Examiners. (Applicants who are in the process of securing approval by the Board of Medical Quality Assurance or the Board of Osteopathic Examiners will be admitted

to the examination, but the Board to which application is made must determine that all legal requirements have been met before candidates will be eligible for appointment.)

Possession of a valid certificate in Psychiatry issued by the American Board of Psychiatry and Neurology, the American Osteopathic Board of Neurology and Psychiatry, or eligibility for examination for such a certificate as evidenced by a written statement from the Secretary of either Board. (Applicants who are in the process of establishing specialty board eligibility will be admitted to the examination but the required verification must be submitted before appointment.)

and

One year of experience in the practice of psychiatry exclusive of the internship.

NOTE: Applicants must indicate their license/certificate number, title, and expiration date on their Std. 678 State Application.

POSITION DESCRIPTION

The Medical Consultant I (Psychiatrist), under general direction in a Disability Evaluation Division Branch Office, reviews and interprets medical evidence submitted by physicians and treating sources to determine an applicant's eligibility for disability benefits which involve mental impairments.

EXAMINATION INFORMATION

Qualifications Assessment Application – Weighted 100%

The examination will consist of a Qualifications Assessment weighted 100%. Candidates must attain an overall minimum score of 70% to be placed on the eligible list. The questionnaire is designed to elicit specific information regarding each candidate's education and experience relative to the testing classification. Responses to the questionnaire will be assessed based on pre-determined rating criteria. CANDIDATES WHO DO NOT COMPLETE OR SUBMIT THE QUALIFICATIONS ASSESSMENT MAY BE DISQUALIFIED.

KNOWLEDGE AND ABILITIES

A. Knowledge of:

1. Principles and practices of general medicine and surgery with particular reference to the techniques and trends in the diagnosis of physical and mental handicaps and in treatment programs for such handicaps.
2. Interrelationships of Federal, State and local professional and voluntary public health and welfare agencies and of the programs and services of such agencies.
3. Principles of community organization and skill in their application.
4. Principles of preventative medicine.

B. Ability to:

1. Interpret and apply the medical policies and standards of the Department's program.

2. Promote the organization to community health resources and their effective utilization.
3. Analyze situations accurately and take effective action.
4. Establish and maintain cooperative relations with those contacted in the work.
5. Write effectively.

VETERANS' PREFERENCE AND CAREER CREDITS

Veterans' Preference and Career Credits will not be granted for this examination.

CLASSIFICATION SPECIFICATION

Please click on the link below to review the official California Department of Human Resources (CalHR) classification specification.

[MEDICAL CONSULTANT I \(PSYCHIATRIST\)](#)

CONTACT INFORMATION

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
P.O. BOX 944243
SACRAMENTO, CA 94244-2430
(916) 657-1762**

California Relay Service for the Deaf or Hearing Impaired from TDD phones call 1-800-735-2929 or from voice phones call 1-800-745-2922.

GENERAL INFORMATION

If you meet the requirements stated on this bulletin, you may take this examination, which is competitive. Possession of the entrance requirement does not assure a place on the eligible list. Your performance in the examination will be compared with the performance of the others who take this test, and all candidates who pass will be ranked according to their scores.

It is the candidate's responsibility to contact CDSS' Examination Unit at (916) 657-1762 three weeks after the final filing date if he/she has not received a progress notice.

The Department of Social Services reserves the right to revise the examination plan to better meet the needs of the service, if the circumstances under which this examination was planned change. Such revision will be in accordance with civil service laws and rules and all competitors will be notified.

Applications are available at the CalHR's website at <https://jobs.ca.gov/pdf/std678.pdf>, Employment Development Department offices and the California Department of Social Services.

Americans with Disabilities Act, Title II: The California Department of Social Services (CDSS) is committed to a strong policy of equal employment opportunity. To this end, CDSS does not discriminate against or exclude any person from participating in the

employment process, advancement, benefits of employment, or in the admission and access to programs or activities administered by CDSS on the basis of: race; color; national origin; ancestry; religion; creed; sex; marital status; sexual orientation; pregnancy; age; veteran status; political affiliation; or disability (including AIDS) as required by Title II of the Americans with Disabilities Act (ADA). Reasonable accommodations for qualified individuals with disabilities will be made available upon request.

Candidates needing special testing arrangement due to a disability, must mark the appropriate option on the application and/or contact the testing department.

Criminal Record Clearance Information: Some positions within various divisions of the California Department of Social Services are subject to fingerprinting and criminal records check requirements. Applicants will be notified during the hiring process if the position is affected by the Federal criminal records clearance procedure. Federal clearance is a condition of employment in positions affected by this procedure. (Homeland Security Presidential Directive 12)

General Qualifications: Candidates must possess essential personal qualifications including integrity, initiative, dependability, good judgment, and ability to work cooperatively with others; and a state of health consistent with the ability to perform the assigned duties of the class. A medical examination may be required. In open examinations, investigation may be made of employment records and personal history and fingerprinting may be required.

Eligible Lists: Eligible lists established by competitive examination, regardless of date, must be used in the following order: 1) sub-divisional promotional, 2) departmental promotional, 3) multi-departmental promotional, 4) service-wide promotional, 5) departmental open, 6) open. When there are two lists of the same kind, the older must be used first. Eligible lists will expire in one to four years unless otherwise stated on the bulletin.

TAKING THE EXAMINATION

Please take the Qualifications Assessment on the following page. Once completed, please print and mail to the address stated in the Filing Instructions Section above along with the State Application Std. 678. Both documents must be submitted in order to be considered.



**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
HUMAN RESOURCE SERVICES BRANCH
QUALIFICATIONS ASSESSMENT**

MEDICAL CONSULTANT I (PSYCHIATRIST), DSS

This examination will provide you with an opportunity to demonstrate significant aspects of your qualifications for the Medical Consultant I (Psychiatrist), DSS classification, with the California Department of Social Services (CDSS). The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination. If successful, your name will be placed on an eligible list for the classification listed above. The list will be used by CDSS locations/facilities statewide to fill existing vacancies. A "Conditions of Employment" form is included in this examination which will allow you to select the location and time bases you are interested in working. It is **required** that you **personally complete** this examination accurately and without assistance.

You will be evaluated based on your ability to follow directions and read, interpret, and respond appropriately to the questions in this Qualifications Assessment. Candidates who fail to follow the instructions will be eliminated from this examination.

THIS AFFIRMATION MUST BE COMPLETED

I hereby certify and understand that the information provided on this Qualifications Assessment Questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentations or falsifications. I also understand that if it is later discovered that I have made any false representations, I may be removed from the examination and/or the list resulting from this examination, and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me which could result in dismissal.

Name (Printed): _____

Address: _____

City/State/Zip Code: _____

Home/Work Phone Number: _____

Signature: _____ **Date:** _____

Your completed Qualification Assessment must include your original signature. Print and keep a copy of the completed Qualification Assessment for your records. Applicants must submit both the [State Examination/Employment Application \(STD. 678\)](#) and Qualification Assessment by mail or in person to:

FILE BY MAIL:

California Department of Social Services
Personnel Bureau, Examination Unit
PO Box 944243, MS 8-15-58
Sacramento, CA 94244-2430
Attention: Jolene Casillas

FILE IN PERSON:

California Department of Social Services
Personnel Bureau, Examination Unit
744 P Street, OB 8, 15th floor
Sacramento, CA 95814
Attention: Jolene Casillas

CONDITIONS OF EMPLOYMENT:

If you are successful in this examination(s), your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence.

LOCATION(S) YOU ARE WILLING TO WORK

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU MAY BE OFFERED A JOB ONLY IN LOCATIONS THAT YOU MARK.

☐ ANYWHERE IN THE STATE – *If this box is marked, no further selection is necessary*

- ☐ ALAMEDA County
☐ FRESNO County
☐ LOS ANGELES County
☐ PLACER County

- ☐ SACRAMENTO County
☐ SAN DIEGO County
☐ SAN JOAQUIN County
-

TYPE OF APPOINTMENT YOU WILL ACCEPT

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE – SELECTING “(A) Any” MEANS YOU ARE WILLING TO ACCEPT ANY TYPE OF APPOINTMENT.

- ☐ (D) Permanent Full-Time
☐ (V) Permanent Part-Time
☐ (T) Permanent Intermittent

- ☐ (K) Limited-Term Full-Time
☐ (W) Limited-Term Part-Time
☐ (X) Limited-Term Intermittent
-

GENERAL EXAMINATION INSTRUCTIONS:

This process is the entire examination for the MEDICAL CONSULTANT I (PSYCHIATRIST), DSS classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may result in disqualification or a lower score for this examination.

YOUR RESPONSES ARE SUBJECT TO VERIFICATION

Please keep in mind that all information provided on this Qualification Assessment will be subject to verification at any time during the examination process, hiring process and even after gaining employment. Anyone who misrepresents his/her experience will be subject to adverse consequences, which could include the following action(s):

- Removal from the examination process
- Removal from the certification list
- Loss of State employment
- Loss of rights to compete in any future State examinations

EXAMINATION INSTRUCTIONS:

This examination is intended to provide candidates the opportunity to demonstrate their knowledge and experience in a variety of areas. It is not expected that you will have experience in all areas.

Using the rating scale(s) below, you will self-rate your knowledge and experience performing specific job-related actions.

Respond to each of the following statements by indicating how the statement applies to you. You are required to respond to every statement by marking one option for each of the 2 scales provided.

In responding to each statement, you may refer to your FORMAL EDUCATION, FORMAL TRAINING COURSES, and/or WORK EXPERIENCE whether paid or unpaid.

SCALE #1 - KNOWLEDGE RELATED TO PERFORMING THIS ACTION:

Extensive Knowledge

I possess an expert knowledge level to the extent that I have effectively performed tasks related to this knowledge in the most difficult and complex situations and I have instructed others on specific aspects of this knowledge.

Moderate Knowledge

I possess an advanced knowledge level to the extent that I could effectively perform this task under the majority of circumstances or situations encountered.

Basic Knowledge

I possess a sufficient knowledge level that would allow me to perform this task successfully in routine situations.

Limited Knowledge

I have some knowledge of how to perform this task, but I may require additional instruction to apply my knowledge effectively.

No Knowledge

I have no knowledge of how to perform this task or what it may entail.

SCALE #2 - EXPERIENCE RELATED TO PERFORMING THIS ACTION:

Extensive Experience

I have more than 3 years of experience in regularly performing this action.

Moderate Experience

I have more than 2 years, but less than 3 years of experience in this action.

Basic Experience

I have more than 1 year, but less than 2 years of experience in this action.

Limited Experience

I have less than 1 year of experience in performing this action.

No Experience

I have never performed this action.

1. Evaluate medical evidence.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

2. Assess the severity of physical and mental impairments.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

3. Evaluate the possible effects of medical or surgical treatment.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

4. Project the level of recovery resulting from treatment, trauma, or illness.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

5. Analyze all available medical and non-medical information.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

6. Assist in obtaining evidence of record by contacting physicians and other treatment sources.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

7. Advise with other physicians on complex medical conditions.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

8. Consult with other physicians on complex medical conditions.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

9. Review assessments made by other physicians.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

10. Participate in professional activities to build relationships with the medical community.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

11. Provide medical training for professional staff.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

12. Provide training for new medical professionals.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

13. Interpret medical evidence.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

14. Assess the need for additional medical examinations and laboratory studies.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

15. Order medical examinations and laboratory studies.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

16. Provide medical analysis of the applicant's functional abilities.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

17. Review consultative reports for deficiencies in content and make suggestions.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

18. Review current and new disability program rules and regulations.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

19. Use computer software programs.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

20. Review electronic documents.

Knowledge related to performing this action

- ☐ Extensive Knowledge
- ☐ Moderate Knowledge
- ☐ Basic Knowledge
- ☐ Limited Knowledge
- ☐ No Knowledge

Experience related to performing this action

- ☐ Extensive Experience
- ☐ Moderate Experience
- ☐ Basic Experience
- ☐ Limited Experience
- ☐ No Experience

**THIS CONCLUDES THE QUALIFICATIONS ASSESSMENT FOR THE
MEDICAL CONSULTANT I (PSYCHIATRIST), DSS**

Please refer to page 2 for filing/mailling instructions.